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Letters

The ethics of blood supply

SIR

Pablo Rodriguez del Pozo concludes that 'relying entirely on voluntary donors at present means tolerating shortages of blood and plasma' (1). Yet he earlier admitted that 'The all-volunteer model can, by and large, satisfy the need for whole blood' (2). So 'relying entirely on voluntary donors' does not mean tolerating a shortage of blood. But he claims it does mean tolerating a shortage of plasma. He then leaps to the conclusion that the only way to end the 'shortage of plasma' is to cease relying on voluntary donors and introduce payment for plasma.

But of course this is not the only way to increase the provision of plasma. Any plasma shortage can be reduced by increasing the giving of plasma through plasmapheresis – a process which does not take to 'up to two hours' as del Pozo claims: it takes me about 50 minutes in the West End Donor Centre in Margaret Street. Also, as he acknowledges, the methods of later separating plasma from whole blood can be made more efficient. Greater encouragement of giving and improved efficiency of collection will increase the provision of plasma. So it is quite unnecessary to offer incentives or to import plasma.

Further, del Pozo claims that 'decreasing demand is currently unfeasible'. But reducing the number of unnecessary operations performed would obviously reduce the need for blood supplies. A US Senate Committee reported in 1975 that 2·4 million unnecessary operations were performed in the USA every year, causing 12,000 deaths and wasting $4 billion. This is largely a result of the pernicious fee-for-surgery system.

Much spinal surgery, in the USA especially, has resulted in 'catastrophic' failures, according to Gordon Waddell (3). C A Faeger and S R Friedberg in 1980 studied 105 cases of failed spinal surgery: in 68 per cent of these patients surgery was not indicated, yet disc excision was performed without adequate evidence of disc herniation. They concluded that disc excision was not an acceptable treatment for back pain alone (4). An editorial in *The Lancet* concluded that 60 per cent of back operations were unnecessary (5). It is often well worth trying less drastic treatments, such as manipulation, before resorting to spinal surgery: 'Fifty per cent of patients with lateral entrapment were markedly improved and as a result did not require operation' (6).

Other unnecessary operations included hysterectomies – in the 1970s in the USA 500,000 were performed every year, of which only 20 per cent were clinically fully justified (7), radical mastectomies – a very large number of which are unnecessary (8), and appendectomies – 75 per cent of appendixes removed in Germany were found to be normal (9).

So we can both provide more plasma and reduce the need for it, within the current all-volunteer system. In Britain we have a model system, based on volunteers and with very rigorous screening procedures: it is well planned and well organised. Commercial pressures would inevitably compromise both the high clinical standards and the effectiveness of the planning: del Pozo himself refers to the 'health dangers associated with cash blood', and it is well known that you cannot plan effectively in the anarchy of the marketplace.

Del Pozo's proposal would, if implemented, wreck our blood-collection system. Why should we destroy a system which is fair, moral and effective?

References

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(7) Mendelsohn R. *Male practice.* Chicago: Contemporary Books, 1981.
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Resuscitation policy

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There has been much debate since the circular sent from the Chief Medical Officer (1), regarding resuscitation policy, following a complaint from a relative who discovered his mother was assessed as being unsuitable for cardiopulmonary resuscitation (CPR). Accurate and detailed medical records are required in this era of litigation in which we find ourselves, particularly since the Parliamentary Act of 1991 which permits review of medical notes by patients and their next of kin.

There were no formal guidelines regarding the assessment of patients